

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

DEC 10 2018

Bayfield Co. Zoning Dept.

Not  
Entered  
Or  
Received

Permit #:

19-0196

Date:

6-25-19

Amount Paid:

\$125 12-11-18  
\$350 TBA ATF 3-7-19  
\$125 ATF 3-7-19

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

|                                                                                                                                                                                                                                                                                       |                                                 |                                                       |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER |                                                 |                                                       |                                                                                            |
| Owner's Name: <u>Ripple Effect LLC</u>                                                                                                                                                                                                                                                | Mailing Address: <u>15690 Canyon Way</u>        | City/State/Zip: <u>Pine City, MN 55063</u>            | Telephone: _____                                                                           |
| Address of Property: <u>68745 PR 242</u>                                                                                                                                                                                                                                              | City/State/Zip: <u>Iron River WI 54847</u>      | Cell Phone: <u>612 770 8563</u>                       |                                                                                            |
| Contractor: _____                                                                                                                                                                                                                                                                     | Contractor Phone: _____                         | Plumber: _____                                        | Plumber Phone: _____                                                                       |
| Authorized Agent: (Person Signing Application on behalf of Owner(s))                                                                                                                                                                                                                  | Agent Phone: _____                              | Agent Mailing Address (include City/State/Zip): _____ | Written Authorization Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| PROJECT LOCATION<br><u>SE 1/4, NE 1/4</u>                                                                                                                                                                                                                                             | Legal Description: (Use Tax Statement)<br>_____ | Tax ID# <u>19292</u>                                  | Recorded Document: (Showing Ownership)<br><u>2018R</u> <u>572526</u>                       |
| Gov't Lot _____                                                                                                                                                                                                                                                                       | Lot(s) _____                                    | CSM _____                                             | Vol & Page _____                                                                           |
| CSM Doc # _____                                                                                                                                                                                                                                                                       | Lot(s) No. _____                                | Block(s) No. _____                                    | Subdivision: _____                                                                         |
| Section <u>12</u> , Township <u>47</u> N, Range <u>08</u> W                                                                                                                                                                                                                           | Town of: <u>Iron River</u>                      | Lot Size _____                                        | Acreage <u>5 acres</u>                                                                     |

|                                                   |                                                                                                                                                           |                                                                             |                                                                                                           |                                                                                                 |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Shoreland →   | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline: _____ feet                            | Is Property in Floodplain Zone?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
|                                                   | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →                                        | Distance Structure is from Shoreline: <u>345 unimproved / 570 Loop</u> feet |                                                                                                           |                                                                                                 |
| <input checked="" type="checkbox"/> Non-Shoreland |                                                                                                                                                           |                                                                             |                                                                                                           |                                                                                                 |

| Value at Time of Completion<br>* include donated time & material | Project                                                | # of Stories                                       | Foundation                                   | # of bedrooms in structure                                                                           | What Type of Sewer/Sanitary System Is on the property?         | Type of Water on property                |
|------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|
| \$ <u>25,000</u>                                                 | <input type="checkbox"/> New Construction              | <input type="checkbox"/> 1-Story                   | <input type="checkbox"/> Basement            | <input type="checkbox"/> 1                                                                           | <input type="checkbox"/> Municipal/City                        | <input type="checkbox"/> City            |
|                                                                  | <input type="checkbox"/> Addition/Alteration           | <input checked="" type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation          | <input type="checkbox"/> 2                                                                           | <input type="checkbox"/> (New) Sanitary Specify Type: _____    | <input type="checkbox"/> Well            |
|                                                                  | <input type="checkbox"/> Conversion                    | <input type="checkbox"/> 2-Story                   | <input checked="" type="checkbox"/> none     | <input type="checkbox"/> 3                                                                           | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ | <input checked="" type="checkbox"/> None |
|                                                                  | <input type="checkbox"/> Relocate (existing bldg)      | _____                                              | _____                                        | <input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) |                                                                |                                          |
|                                                                  | <input type="checkbox"/> Run a Business on Property    | _____                                              | Use <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract)                                               |                                                                |                                          |
|                                                                  | <input checked="" type="checkbox"/> existing structure | <input checked="" type="checkbox"/> seasonal       | <input type="checkbox"/> Year Round          | <input type="checkbox"/> Compost Toilet                                                              |                                                                |                                          |
|                                                                  |                                                        |                                                    |                                              | <input type="checkbox"/> None                                                                        |                                                                |                                          |

|                                                                     |                    |                   |                    |
|---------------------------------------------------------------------|--------------------|-------------------|--------------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: <u>12'</u> | Width: <u>20'</u> | Height: <u>15'</u> |
| Proposed Construction:                                              | Length: _____      | Width: _____      | Height: _____      |

| Proposed Use                                                                                                  | ✓                                   | Proposed Structure                                                                                                                                           | Dimensions                               | Square Footage    |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------|
| <input checked="" type="checkbox"/> Residential Use<br>Rec'd for Issuance<br>JUN 25 2018<br>Secretarial Staff | <input checked="" type="checkbox"/> | Principal Structure (first structure on property)                                                                                                            | ( X )                                    |                   |
|                                                                                                               | <input checked="" type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.)<br>with Loft → <u>seasonal use</u><br>with a Porch                                                               | ( 12 X 20 )<br>( 12 X 10 )<br>( 6 X 19 ) | 240<br>120<br>114 |
|                                                                                                               |                                     | with (2nd) Porch                                                                                                                                             | ( X )                                    |                   |
|                                                                                                               |                                     | with a Deck                                                                                                                                                  | ( X )                                    |                   |
|                                                                                                               |                                     | with (2nd) Deck                                                                                                                                              | ( X )                                    |                   |
| <input type="checkbox"/> Commercial Use                                                                       |                                     | with Attached Garage                                                                                                                                         | ( X )                                    |                   |
|                                                                                                               |                                     | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )                                    |                   |
| <input type="checkbox"/> Municipal Use                                                                        |                                     | <input type="checkbox"/> Mobile Home (manufactured date) _____                                                                                               | ( X )                                    |                   |
|                                                                                                               |                                     | <input type="checkbox"/> Addition/Alteration (specify) _____                                                                                                 | ( X )                                    |                   |
|                                                                                                               |                                     | <input type="checkbox"/> Accessory Building (specify) _____                                                                                                  | ( X )                                    |                   |
|                                                                                                               |                                     | <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____                                                                              | ( X )                                    |                   |
|                                                                                                               |                                     | <input type="checkbox"/> Special Use: (explain) _____                                                                                                        | ( X )                                    |                   |
|                                                                                                               |                                     | <input type="checkbox"/> Conditional Use: (explain) _____                                                                                                    | ( X )                                    |                   |
|                                                                                                               |                                     | <input type="checkbox"/> Other: (explain) _____                                                                                                              | ( X )                                    |                   |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Ripple Effect LLC  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 12/1/18

Authorized Agent: Scottie acting manager for Ripple Effect LLC  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: 12/1/18

Address to send permit 15690 Canyon Way  
Pine City, MN 55063

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

**Fill Out in Ink – NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

242 FR

1000'

1000'

Pit  
□ Privy

12x20  
cabin  
Structure

driveway

\* Structure value ~ \$40,000

\* structure + privy  
located on property  
prior to sale/transfer  
of property of 3/20/18.

- Well on property

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

| Description                                 | Measurement | Description                                      | Measurement                                                         |
|---------------------------------------------|-------------|--------------------------------------------------|---------------------------------------------------------------------|
| Setback from the Centerline of Platted Road | 610 Feet    | Setback from the Lake (ordinary high-water mark) | NA Feet                                                             |
| Setback from the Established Right-of-Way   | 590 Feet    | Setback from the River, Stream, Creek            | NA Feet                                                             |
|                                             |             | Setback from the Bank or Bluff                   | NA Feet                                                             |
| Setback from the North Lot Line             | 400 Feet    | Setback from Wetland                             | NA Feet                                                             |
| Setback from the South Lot Line             | 600 Feet    | 20% Slope Area on the property                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the West Lot Line              | 400 Feet    | Elevation of Floodplain                          | NA Feet                                                             |
| Setback from the East Lot Line              | 600 Feet    |                                                  |                                                                     |
| Setback to Septic Tank or Holding Tank      | NA Feet     | Setback to Well                                  | NA Feet                                                             |
| Setback to Drain Field                      | NA Feet     |                                                  |                                                                     |
| Setback to Privy (Portable, Composting)     | 250 Feet    |                                                  |                                                                     |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

|                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                               |                                                                             |                                                                     |                           |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------|
| <b>Issuance Information (County Use Only)</b>                                                                                                                                                                                                                                                                                                                                      |                                                                                               | Sanitary Number:                                                            | # of bedrooms:                                                      | Sanitary Date:            |                                                                     |
| Permit Denied (Date):                                                                                                                                                                                                                                                                                                                                                              |                                                                                               | Reason for Denial:                                                          |                                                                     |                           |                                                                     |
| Permit #: 19-0196                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               | Permit Date: 6-25-19                                                        |                                                                     |                           |                                                                     |
| Is Parcel a Sub-Standard Lot                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No          | Mitigation Required                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No | Mitigation Attached                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                           |                                                                             |                                                                     |                           |                                                                     |
| Granted by Variance (B.O.A.)                                                                                                                                                                                                                                                                                                                                                       |                                                                                               | Previously Granted by Variance (B.O.A.)                                     |                                                                     |                           |                                                                     |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:                                                                                                                                                                                                                                                                                                        |                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: |                                                                     |                           |                                                                     |
| Was Parcel Legally Created                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           | Were Property Lines Represented by Owner                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Was Property Surveyed     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Was Proposed Building Site Delineated                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           |                                                                             |                                                                     |                           |                                                                     |
| Inspection Record: Pre-existing cabin and privy. Appears code compliant.                                                                                                                                                                                                                                                                                                           |                                                                                               | Zoning District (F1)<br>Lakes Classification (3-Lake)                       |                                                                     |                           |                                                                     |
| Date of Inspection: 10/31/18                                                                                                                                                                                                                                                                                                                                                       |                                                                                               | Inspected by: Todd Norwood                                                  |                                                                     | Date of Re-Inspection:    |                                                                     |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)<br>A uniform Dwelling Code (UDC) permit must be obtained from the locally contracted UDC inspection agency. No pressurized water in structure without an approved connection to a POWTS. Must meet and maintain setbacks. |                                                                                               |                                                                             |                                                                     |                           |                                                                     |
| Signature of Inspector: Todd Norwood                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                             |                                                                     | Date of Approval: 1/28/19 |                                                                     |
| Hold For Sanitary: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                        | Hold For TBA: <input type="checkbox"/>                                                        | Hold For Affidavit: <input type="checkbox"/>                                | Hold For Fees: <input type="checkbox"/>                             | <input type="checkbox"/>  |                                                                     |



City, Village, State or Federal  
Permits May Also Be Required

**After-the-Fact**

LAND USE – **X**  
SANITARY – **Pit Privy**  
SIGN –  
SPECIAL – **Class A**  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

## PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **19-0196** Issued To: **Ripple Effect LLC / Cynthia Nelson, Agent**

**S ½ of**  
Location: **SE ¼ of NE ¼** Section **12** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Use: [ 1.5- Story; Residence (12' x 20') = 240 sq. ft.; Porch (6' x 19') = 114 sq. ft.; ]**  
**Total Overall = 359 sq. ft.**

**(Disclaimer): Any future expansions or development would require additional permitting.**

**Condition(s): A uniform dwelling code (UDC) permit must be obtained from the locally contracted UDC inspection agency prior to the start of construction. Must meet and maintain set-backs. Must meet and maintain setbacks. Condition per recorded privy agreement.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**June 25, 2019**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUN 12 2019

Bayfield Co. Zoning Dept.

Permit #:

19-0199

Date:

6-25-19

Amount Paid:

\$75 6-17-19

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

|                                                                                                                                                                                                                                                                                       |  |                                        |             |                                                       |                    |                                                                                            |            |              |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|-------------|-------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------|------------|--------------|--------------|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER |  |                                        |             |                                                       |                    |                                                                                            |            |              |              |
| Owner's Name: Donald & Helen Hyde                                                                                                                                                                                                                                                     |  | Mailing Address: PO Box 214            |             | City/State/Zip: Iron River WI 54847                   |                    | Telephone: 715 292-1104                                                                    |            |              |              |
| Address of Property: 8395 N. Shore Drive                                                                                                                                                                                                                                              |  | City/State/Zip: Iron River WI 54847    |             |                                                       |                    | Cell Phone: Same                                                                           |            |              |              |
| Contractor: American Steel Inc                                                                                                                                                                                                                                                        |  | Contractor Phone: 866-730-9865         |             | Plumber: _____                                        |                    | Plumber Phone: _____                                                                       |            |              |              |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____                                                                                                                                                                                                            |  | Agent Phone: _____                     |             | Agent Mailing Address (include City/State/Zip): _____ |                    | Written Authorization Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |              |              |
| PROJECT LOCATION                                                                                                                                                                                                                                                                      |  | Legal Description: (Use Tax Statement) |             | Tax ID#: 19167                                        |                    | Recorded Document: (Showing Ownership)<br>914 25                                           |            |              |              |
| _____ 1/4, _____ 1/4                                                                                                                                                                                                                                                                  |  | Gov't Lot<br>4                         | Lot(s)<br>9 | CSM<br>19                                             | Vol & Page<br>1/25 | CSM Doc #                                                                                  | Lot(s) No. | Block(s) No. | Subdivision: |
| Section 08, Township 47 N, Range 08 W                                                                                                                                                                                                                                                 |  | Town of: Iron River                    |             | Lot Size                                              |                    | Acreage<br>3.46                                                                            |            |              |              |

|                                                 |                                                                                                                                                           |                                                   |                                                                                                           |                                                                                                 |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is Property in Floodplain Zone?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
|                                                 | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →                                                   | Distance Structure is from Shoreline : _____ feet |                                                                                                           |                                                                                                 |
| <input type="checkbox"/> Non-Shoreland          |                                                                                                                                                           |                                                   |                                                                                                           |                                                                                                 |

| Value at Time of Completion<br>* include donated time & material | Project                                              | # of Stories                                | Foundation                                     | # of bedrooms in structure               | What Type of Sewer/Sanitary System Is on the property?                                    | Type of Water on property                |
|------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------|------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------|
| \$7,000.00                                                       | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement              | <input type="checkbox"/> 1               | <input checked="" type="checkbox"/> Municipal/City                                        | <input checked="" type="checkbox"/> City |
|                                                                  | <input type="checkbox"/> Addition/Alteration         | <input type="checkbox"/> 1-Story + Loft     | <input type="checkbox"/> Foundation            | <input type="checkbox"/> 2               | <input type="checkbox"/> (New) Sanitary Specify Type: _____                               | <input type="checkbox"/> Well            |
|                                                                  | <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story            | <input checked="" type="checkbox"/> Gravel     | <input type="checkbox"/> 3               | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____                            | <input type="checkbox"/>                 |
|                                                                  | <input type="checkbox"/> Relocate (existing bldg)    |                                             |                                                | <input type="checkbox"/>                 | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) |                                          |
|                                                                  | <input type="checkbox"/> Run a Business on Property  |                                             | Use                                            | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract)                                    |                                          |
|                                                                  | <input type="checkbox"/>                             |                                             | <input checked="" type="checkbox"/> Year Round |                                          | <input type="checkbox"/> Compost Toilet                                                   |                                          |
|                                                                  |                                                      |                                             | <input type="checkbox"/>                       | <input type="checkbox"/> None            |                                                                                           |                                          |

|                                                                     |            |           |            |
|---------------------------------------------------------------------|------------|-----------|------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: 30 | Width: 24 | Height: 15 |
| Proposed Construction:                                              | Length:    | Width:    | Height:    |

| Proposed Use                                        | ✓                                   | Proposed Structure                                                                                                                                           | Dimensions  | Square Footage |
|-----------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)                                                                                                            | ( X )       |                |
|                                                     | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)                                                                                                                  | ( X )       |                |
|                                                     |                                     | with Loft                                                                                                                                                    | ( X )       |                |
|                                                     |                                     | with a Porch                                                                                                                                                 | ( X )       |                |
|                                                     |                                     | with (2nd) Porch                                                                                                                                             | ( X )       |                |
|                                                     |                                     | with a Deck                                                                                                                                                  | ( X )       |                |
| <input type="checkbox"/> Commercial Use             |                                     | with (2nd) Deck                                                                                                                                              | ( X )       |                |
|                                                     |                                     | with Attached Garage                                                                                                                                         | ( X )       |                |
|                                                     | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )       |                |
|                                                     | <input type="checkbox"/>            | Mobile Home (manufactured date) _____                                                                                                                        | ( X )       |                |
|                                                     | <input type="checkbox"/>            | Addition/Alteration (specify) _____                                                                                                                          | ( X )       |                |
|                                                     | <input checked="" type="checkbox"/> | Accessory Building (specify) car port                                                                                                                        | ( 24 X 30 ) | 720            |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/>            | Accessory Building Addition/Alteration (specify) _____                                                                                                       | ( X )       |                |
|                                                     | <input type="checkbox"/>            | Special Use: (explain) _____                                                                                                                                 | ( X )       |                |
|                                                     | <input type="checkbox"/>            | Conditional Use: (explain) _____                                                                                                                             | ( X )       |                |
|                                                     | <input type="checkbox"/>            | Other: (explain) _____                                                                                                                                       | ( X )       |                |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Helen & Donald Hyde  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 6/18/19

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: \_\_\_\_\_

Address to send permit \_\_\_\_\_

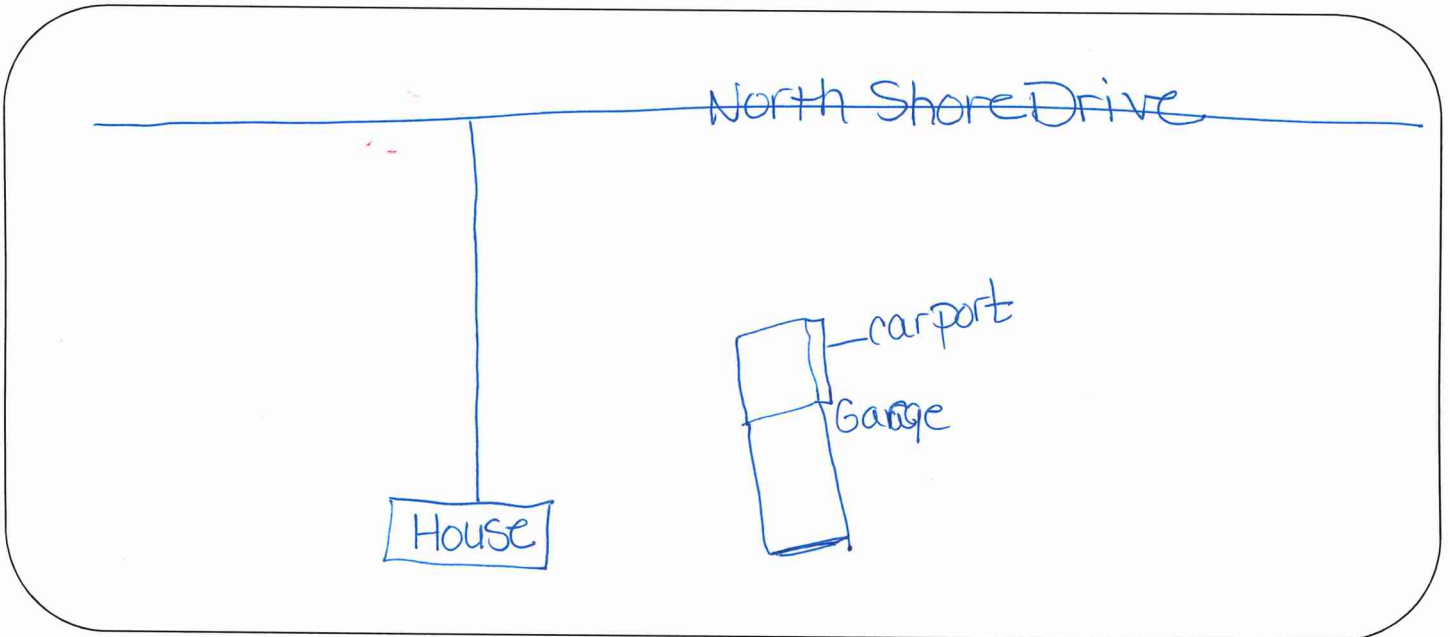
Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



- (1) Show Location of: **Proposed Construction**  
 (2) Show / Indicate: **North (N) on Plot Plan**  
 (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
 (4) Show: **All Existing Structures on your Property**  
 (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
 (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
 (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description                                 | Measurement |      | Description                                      | Measurement                                              |
|---------------------------------------------|-------------|------|--------------------------------------------------|----------------------------------------------------------|
| Setback from the Centerline of Platted Road | 46          | Feet | Setback from the Lake (ordinary high-water mark) | Feet                                                     |
| Setback from the Established Right-of-Way   | 36          | Feet | Setback from the River, Stream, Creek            | Feet                                                     |
|                                             |             |      | Setback from the Bank or Bluff                   | Feet                                                     |
| Setback from the North Lot Line             |             | Feet |                                                  |                                                          |
| Setback from the South Lot Line             |             | Feet | Setback from Wetland                             | Feet                                                     |
| Setback from the West Lot Line              |             | Feet | 20% Slope Area on the property                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line              | 37          | Feet | Elevation of Floodplain                          | Feet                                                     |
|                                             |             |      |                                                  |                                                          |
| Setback to Septic Tank or Holding Tank      |             | Feet | Setback to Well                                  | Feet                                                     |
| Setback to Drain Field                      |             | Feet |                                                  |                                                          |
| Setback to Privy (Portable, Composting)     |             | Feet |                                                  |                                                          |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

|                                                                                                                                                                                                                             |                                                                                               |                                                                             |                                                                     |                                                                             |                    |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------|
| <b>Issuance Information (County Use Only)</b>                                                                                                                                                                               |                                                                                               | Sanitary Number:                                                            |                                                                     | # of bedrooms:                                                              | Sanitary Date:     |                                                                     |
| Permit Denied (Date):                                                                                                                                                                                                       |                                                                                               | Reason for Denial:                                                          |                                                                     |                                                                             |                    |                                                                     |
| Permit #: <b>19-0199</b>                                                                                                                                                                                                    |                                                                                               | Permit Date: <b>6-25-19</b>                                                 |                                                                     |                                                                             |                    |                                                                     |
| Is Parcel a Sub-Standard Lot                                                                                                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         | Mitigation Required                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership                                                                                                                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s)) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         | Mitigation Attached                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         |                                                                     |                                                                             |                    |                                                                     |
| Granted by Variance (B.O.A.)                                                                                                                                                                                                |                                                                                               | Previously Granted by Variance (B.O.A.)                                     |                                                                     |                                                                             |                    |                                                                     |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:                                                                                                                                                 |                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: |                                                                     |                                                                             |                    |                                                                     |
| Was Parcel Legally Created                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           | Were Property Lines Represented by Owner                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                             |                    |                                                                     |
| Was Proposed Building Site Delineated                                                                                                                                                                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           | Was Property Surveyed                                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                             |                    |                                                                     |
| Inspection Record: <b>owner on-site and indicated property lines and project location. Appears code compliant</b>                                                                                                           |                                                                                               |                                                                             |                                                                     | Zoning District ( <b>R1</b> )<br>Lakes Classification ( <b>3-1/2 more</b> ) |                    |                                                                     |
| Date of Inspection: <b>6/12/19</b>                                                                                                                                                                                          |                                                                                               | Inspected by: <b>Todd Norwood</b>                                           |                                                                     | Date of Re-Inspection:                                                      |                    |                                                                     |
| Condition(s): <b>Town, Committee or Board Conditions Attached</b>                                                                                                                                                           |                                                                                               |                                                                             |                                                                     |                                                                             |                    |                                                                     |
| <div style="border: 1px solid black; padding: 5px; text-align: center;">                     May not be used for human habitation. No water under pressure in structure.<br/> <i>must meet and maintain setbacks</i> </div> |                                                                                               |                                                                             |                                                                     |                                                                             |                    |                                                                     |
| Signature of Inspector: <b>Todd Norwood</b>                                                                                                                                                                                 |                                                                                               | Date of Approval: <b>6/24/19</b>                                            |                                                                     |                                                                             |                    |                                                                     |
| Hold For Sanitary: <input type="checkbox"/>                                                                                                                                                                                 | Hold For TBA: <input type="checkbox"/>                                                        | Hold For Affidavit: <input type="checkbox"/>                                | Hold For Fees: <input type="checkbox"/>                             |                                                                             |                    |                                                                     |

Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **City**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **19-0199** Issued To: **Donald & Helen Hyde**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **8** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot                      Lot **9**                      Block                      Subdivision                      CSM# **19**

For: **Residential Accessory Structure: [ 1- Story; Carport (24' x 30') = 720 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): May not be used for human habitation. No water under pressure in structure. Must meet and maintain setbacks.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**June 25, 2019**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



|              |             |
|--------------|-------------|
| Permit #:    | 19-0012     |
| Date:        | 6-27-19     |
| Amount Paid: | \$75 600-19 |
| Refund:      |             |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

FILL OUT IN INK (NO PENCIL)

|                                                                                                                                                                                                                                                                                       |  |                                                                      |                 |                                                       |                           |                                                                                            |                  |                    |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|-----------------|-------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------|------------------|--------------------|--------------------|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER |  |                                                                      |                 |                                                       |                           |                                                                                            |                  |                    |                    |
| Owner's Name: <u>Thomas L Brouch</u>                                                                                                                                                                                                                                                  |  | Mailing Address: <u>721 Queens Gate Circle Sugar Grove, IL 60554</u> |                 | City/State/Zip: <u>Sugar Grove, IL 60554</u>          |                           | Telephone: _____                                                                           |                  |                    |                    |
| Address of Property: <u>65340 County Hwy H</u>                                                                                                                                                                                                                                        |  | City/State/Zip: <u>Iron River, WI 54847</u>                          |                 | Cell Phone: <u>630-258-7849</u>                       |                           | Plumber Phone: _____                                                                       |                  |                    |                    |
| Contractor: <u>Self</u>                                                                                                                                                                                                                                                               |  | Contractor Phone: _____                                              |                 | Plumber: _____                                        |                           | Plumber Phone: _____                                                                       |                  |                    |                    |
| Authorized Agent: (Person Signing Application on behalf of Owner(s))                                                                                                                                                                                                                  |  | Agent Phone: _____                                                   |                 | Agent Mailing Address (include City/State/Zip): _____ |                           | Written Authorization Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                    |                    |
| PROJECT LOCATION                                                                                                                                                                                                                                                                      |  | Legal Description: (Use Tax Statement)                               |                 | Tax ID# <u>19852</u>                                  |                           | Recorded Document: (Showing Ownership)<br><u>2014 R 555825</u>                             |                  |                    |                    |
| _____ 1/4, _____ 1/4                                                                                                                                                                                                                                                                  |  | Gov't Lot <u>4</u>                                                   | Lot(s) <u>2</u> | CSM <u>350</u>                                        | Vol & Page <u>3 + 199</u> | CSM Doc # _____                                                                            | Lot(s) No. _____ | Block(s) No. _____ | Subdivision: _____ |
| Section <u>28</u> , Township <u>47</u> N, Range <u>08</u> W                                                                                                                                                                                                                           |  | Town of: <u>Iron River</u>                                           |                 | Lot Size _____                                        |                           | Acreage <u>1.768</u><br><u>3.0108</u>                                                      |                  |                    |                    |

|                                                 |                                                                                                                                                                  |                                                        |                                                                                                           |                                                                                                 |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? <b>If yes---continue</b> → | Distance Structure is from Shoreline : _____ feet      | Is Property in Floodplain Zone?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
|                                                 | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <b>If yes---continue</b> →                                        | Distance Structure is from Shoreline : <u>270</u> feet |                                                                                                           |                                                                                                 |
| <input type="checkbox"/> Non-Shoreland          |                                                                                                                                                                  |                                                        |                                                                                                           |                                                                                                 |

| Value at Time of Completion<br>* include donated time & material | Project                                              | # of Stories                                | Foundation                                      | # of bedrooms in structure               | What Type of Sewer/Sanitary System Is on the property?                                    | Type of Water on property                |
|------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------|-------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------|
| \$ <u>17,000</u>                                                 | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement               | <input type="checkbox"/> 1               | <input type="checkbox"/> Municipal/City                                                   | <input type="checkbox"/> City            |
|                                                                  | <input type="checkbox"/> Addition/Alteration         | <input type="checkbox"/> 1-Story + Loft     | <input type="checkbox"/> Foundation             | <input type="checkbox"/> 2               | <input type="checkbox"/> (New) Sanitary Specify Type: _____                               | <input checked="" type="checkbox"/> Well |
|                                                                  | <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story            | <input checked="" type="checkbox"/> <u>slab</u> | <input type="checkbox"/> 3               | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u>         | <input type="checkbox"/>                 |
|                                                                  | <input type="checkbox"/> Relocate (existing bldg)    |                                             |                                                 |                                          | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) |                                          |
|                                                                  | <input type="checkbox"/> Run a Business on Property  |                                             | Use                                             | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract)                                    |                                          |
|                                                                  | <input type="checkbox"/>                             |                                             | <input type="checkbox"/> Year Round             |                                          | <input type="checkbox"/> Compost Toilet                                                   |                                          |
|                                                                  |                                                      |                                             |                                                 |                                          | <input type="checkbox"/> None                                                             |                                          |

|                                                                     |                    |                   |                    |
|---------------------------------------------------------------------|--------------------|-------------------|--------------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: _____      | Width: _____      | Height: _____      |
| Proposed Construction:                                              | Length: <u>30'</u> | Width: <u>24'</u> | Height: <u>14'</u> |

| Proposed Use                                        | ✓                                   | Proposed Structure                                                                                                                                           | Dimensions     | Square Footage |
|-----------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)                                                                                                            | ( X )          |                |
|                                                     | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)                                                                                                                  | ( X )          |                |
|                                                     |                                     | with Loft                                                                                                                                                    | ( X )          |                |
|                                                     |                                     | with a Porch                                                                                                                                                 | ( X )          |                |
|                                                     |                                     | with (2 <sup>nd</sup> ) Porch                                                                                                                                | ( X )          |                |
|                                                     |                                     | with a Deck                                                                                                                                                  | ( X )          |                |
| <input type="checkbox"/> Commercial Use             |                                     | with (2 <sup>nd</sup> ) Deck                                                                                                                                 | ( X )          |                |
|                                                     |                                     | with Attached Garage                                                                                                                                         | ( X )          |                |
|                                                     | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )          |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/>            | Mobile Home (manufactured date) _____                                                                                                                        | ( X )          |                |
|                                                     | <input type="checkbox"/>            | Addition/Alteration (specify) _____                                                                                                                          | ( X )          |                |
|                                                     | <input checked="" type="checkbox"/> | Accessory Building (specify) <u>Garage</u>                                                                                                                   | <u>30 X 24</u> | <u>720</u>     |
|                                                     | <input type="checkbox"/>            | Accessory Building Addition/Alteration (specify) _____                                                                                                       | ( X )          |                |
|                                                     | <input type="checkbox"/>            | Special Use: (explain) _____                                                                                                                                 | ( X )          |                |
|                                                     | <input type="checkbox"/>            | Conditional Use: (explain) _____                                                                                                                             | ( X )          |                |
|                                                     | <input type="checkbox"/>            | Other: (explain) _____                                                                                                                                       | ( X )          |                |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 6-19-19

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit \_\_\_\_\_

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

**Fill Out in Ink – NO PENCIL**

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: **North (N) on Plot Plan**  
(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Measurement | Description                                      | Measurement                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------|-----------------------------------|
| Setback from the Centerline of Platted Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 120 Feet    | Setback from the Lake (ordinary high-water mark) | 270 Feet                          |
| Setback from the Established Right-of-Way                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Feet        | Setback from the River, Stream, Creek            | Feet                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | Setback from the Bank or Bluff                   | Feet                              |
| Setback from the North Lot Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 230 Feet    |                                                  |                                   |
| Setback from the South Lot Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 150 Feet    | Setback from Wetland                             | Feet                              |
| Setback from the West Lot Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 21 Feet     | 20% Slope Area on the property (140')            | X Yes <input type="checkbox"/> No |
| Setback from the East Lot Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10'-1" Feet | Elevation of Floodplain                          | Feet                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                  |                                   |
| Setback to Septic Tank or Holding Tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 120 Feet    | Setback to Well                                  | 60 Feet                           |
| Setback to Drain Field                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 10 Feet     |                                                  |                                   |
| Setback to Privy (Portable, Composting)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | — Feet      |                                                  |                                   |
| Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.                                                                                                                                                                                       |             |                                                  |                                   |
| Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. |             |                                                  |                                   |

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

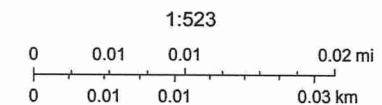
|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |                                                                             |                                                                     |                                                      |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------|
| <b>Issuance Information (County Use Only)</b>                                                                                                                                                                                                                                                                                                                        |                                                                                               | Sanitary Number: 10-13s                                                     | # of bedrooms: 2                                                    | Sanitary Date: 4/23/10                               |                                                                     |
| Permit Denied (Date):                                                                                                                                                                                                                                                                                                                                                |                                                                                               | Reason for Denial:                                                          |                                                                     |                                                      |                                                                     |
| Permit #: 19-0018                                                                                                                                                                                                                                                                                                                                                    |                                                                                               | Permit Date: 6-27-19                                                        |                                                                     |                                                      |                                                                     |
| Is Parcel a Sub-Standard Lot                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No          | Mitigation Required                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No | Mitigation Attached                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                           |                                                                             |                                                                     |                                                      |                                                                     |
| Granted by Variance (B.O.A.)                                                                                                                                                                                                                                                                                                                                         |                                                                                               | Previously Granted by Variance (B.O.A.)                                     |                                                                     |                                                      |                                                                     |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:                                                                                                                                                                                                                                                                                          |                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: |                                                                     |                                                      |                                                                     |
| Was Parcel Legally Created                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No CSM                       | Were Property Lines Represented by Owner                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                      |                                                                     |
| Was Proposed Building Site Delineated                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No stakes                    | Was Property Surveyed                                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                      |                                                                     |
| Inspection Record: Project site and property lines well-staked. Appears code compliant.                                                                                                                                                                                                                                                                              |                                                                                               |                                                                             |                                                                     | Zoning District ( R1 )<br>Lakes Classification ( 1 ) |                                                                     |
| Date of Inspection: 6/25/19                                                                                                                                                                                                                                                                                                                                          |                                                                                               | Inspected by: Todd Norwood                                                  |                                                                     | Date of Re-Inspection:                               |                                                                     |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)<br>Structure shall not be used for human habitation. No pressurized water in structure without approved connection to ROWS. Structure must be 10 feet from property lines and 10 ft from septic drainfield. |                                                                                               |                                                                             |                                                                     |                                                      |                                                                     |
| Signature of Inspector: Todd Norwood                                                                                                                                                                                                                                                                                                                                 |                                                                                               |                                                                             |                                                                     | Date of Approval: 6/26/19                            |                                                                     |
| Hold For Sanitary: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                          | Hold For TBA: <input type="checkbox"/>                                                        | Hold For Affidavit: <input type="checkbox"/>                                | Hold For Fees: <input type="checkbox"/>                             | <input type="checkbox"/>                             |                                                                     |





6/25/2019, 10:08:29 AM

- |                         |                                |                  |
|-------------------------|--------------------------------|------------------|
| <b>Zoning Districts</b> | <b>Tie Lines</b>               | <b>All Roads</b> |
| (R1) - Residential - 1  | Meander Lines                  | Federal          |
| Water                   | Approximate Parcel Boundary    | State            |
| Wetlands                | Section Lines                  | County           |
| Ashland Co Parcels      | Government Lot                 | Town             |
| Douglas Co Parcels      | Municipal Boundary             | CFR              |
| Rivers                  | Red Cliff Reservation Boundary | Private          |
| Lakes                   |                                |                  |



Bayfield County, Bayfield County Land Records



City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **19-0212** Issued To: **Thomas Brouch**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **28** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot                      Lot **2**                      Block                      Subdivision                      CSM# **350**

For: **Residential Accessory Structure: [ 1- Story; Garage (30' x 24') = 720 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** Structure shall not be used for human habitation / sleeping purposes. No pressurized water in structure without an approved connection to POWTS. Must meet and maintain setback 10 foot setback from property lines and septic.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**June 27, 2019**

Date